

**Board of Health**

William Morris, **Chairman**  
Mary Dolan Ciapciak, **Clerk**  
Richard Bringham, MD  
Claire Wolfram  
Carol Johnson



**Town Hall**  
**135 School Street**  
**Walpole, Massachusetts 02081**  
**Phone (508) 660-7321**  
**Fax (508) 660-6345**

*Town of Walpole*  
*Commonwealth of Massachusetts*

**WALBH**  
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**CORI REQUEST FORM**

Walpole Board of Health has been certified by the Criminal History Systems Board for access to all criminal case data including conviction, non-conviction and pending. As an applicant/employee for the position of \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction, non-conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
**APPLICANT/EMPLOYEE/INFORMATION (Please print):**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Maiden Name or Alias (if applicable) Place of Birth

\_\_\_\_\_  
Date of Birth: Social Security No. Mother's Maiden Name:  
(Requested but not required)

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Former Addresses:

\_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

\_\_\_\_\_  
State Driver's License Number: \_\_\_\_\_

\*\*\*The above information was verified by reviewing the following form of government issued photographic identification: \_\_\_\_\_

\_\_\_\_\_  
Requested by:

\_\_\_\_\_  
Signature of CORI-authorized employee